MAXIMUS Federal Services

Case Number:	CM15-0036248		
Date Assigned:	03/04/2015	Date of Injury:	12/30/2008
Decision Date:	04/24/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland, District of Columbia
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old male, who sustained an industrial injury on December 30, 2008. He has reported bilateral upper extremity injury due to repetitive movement. The diagnoses have included bilateral supraspinatus and infraspinatus tendinitis greater on the right, and bilateral carpal tunnel syndrome. Treatment to date has included medications, and electrodiagnostic studies. Currently, the IW complains of continued left carpal tunnel and cubital tunnel syndrome symptomology. He reports he does not wish to have carpal tunnel surgery. Physical findings reveal positive Tinel and Phalen tests of the hand, and tenderness at the elbow. Range of motion is noted to be good. The records indicate he does not recall the names of his medications. On February 10, 2015, Utilization Review non-certified urine drug screen. The MTUS, Chronic Pain guidelines were cited. On February 19, 2015, the injured worker submitted an application for IMR for review of urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43, 77, 78.

Decision rationale: The injured worker sustained an industrial injury on 12/30/08. Diagnoses included bilateral supraspinatus and infraspinatus tendinitis and bilateral carpal tunnel syndrome. His medications included Terocin 4% patches, Somnicin, Cyclobenzaprine 7.5 mg, Naprosyn 550mg and topical products. The request was for urine drug screen. According to MTUS Chronic Pain Guidelines, random urine drug screenings are recommended for patients who are at high risk for drug abuse, as a step to take before therapeutic trial of opiods and for ongoing management of patients on opioids. The submitted medical records do not indicate that the employee was exhibiting aberrant drug behaviors or was taking any prescription medications likely to be detected by the drug screen. There was also no documentation about initiating opioids. Hence, the request for a urine drug screen is not medically appropriate and necessary.